Orange Board of Education

403b TAX SHELTERED ANNUITY (TSA)

2026 PAYROLL DEDUCTION AND AUTHORIZATION FORM

- First set up your 403b account with one of the Board of Ed approved 403b Participating Investment Providers. Find the list at OESS.org, Departments/Business Office/Employee Forms & Resources.
- This form authorizes the Orange Board of Education to deduct contributions twice per month from your paycheck, and after each payday, remit those contributions to your investment provider.
- This form must also be completed to authorize a change to your bi-weekly deduction or to stop your deduction. **Payroll can only process a Start, Stop, or Change during the FIRST payroll of the month**.
- Keep a copy for your records. Send the completed form to Central Office, Attn: Angela Booth, PAYROLL

Account Holder Information

LAST FIRST MI

NAME: _____

Name of Participating Investment Provider: _____

Address of Company (if available): _____

Account Number (**for new enrollees only**): _____

YOU MAY NOTATE "ACCOUNT INFO ON FILE" IF ONLY MAKING A CHANGE TO AN EXISTING DEDUCTION

Payroll Deduction

Please select one of these options: **Effective Pay Date: _____/_____/_____**

☐ BI-WEEKLY: I elect to DEDUCT $_____ from my paycheck for deposit to my 403b account.

☐ CHANGE: I elect to CHANGE my 403b bi-weekly deduction from $_____ to _____.

☐ STOP: I elect to STOP my 403b bi-weekly payroll deduction of $_____.

*Please review changes with your financial consultant. The employee is responsible for determining deduction limits as set forth by the law.

Authorization

I hereby authorize the Orange Board of Education, my employer, to deduct from my paycheck, the amount(s) designated and remit such amount(s) on my behalf, for deposit to the Investment Provider I have selected, with whom I have a Board of Ed 403b account. I understand that the deduction(s) will come from my first two paychecks of each month. I may terminate or change my bi-weekly deduction authorization by giving written notice to my employer's payroll department and understand that the change will occur in the first paycheck of the following month. I acknowledge that my employer has made no representation to me regarding advisability or tax consequences of this action. I also authorize electronic communication regarding my payroll deductions.

X _____

Signature Date